POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J.B.	xxx	6-9-00
O.I.P.E. CLASSIFIER		49	6/27/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	WA	70302	27

INDEX OF CLAIMS

✔ .... Rejected	N .... Non-elected	
= .... Allowed	I .... Interference	
— (Through numeral)... Canceled	A .... Appeal	
÷ .... Restricted	O .... Objected	

Claim columns (Final / Original / Date):

Column 1:
Claim (Final/Original)	
1	✔
2	O
3	✔
4	O
5	✔
6	
7	o
8	o
9	o
10	o
11	o
12	o
13	o
14	d
15	O
16	O
17	O
18	O
19	O
20	o
21	o
22	o
23	o
24	o
25	o
26	N N
27	N N
28	N
29	N
30	N
31	=
32	=
33	=
34	=
35	=
36	=
37	=
38	=
39	=
40	=
41	=
42	=
43	=
44	=
45	=
46	=
47	=
48	=
49	=
50	=

Column 2: Claims 51–100
| 51 | ✔ |
| 52–100 | |

Column 3: Claims 101–150 (blank)

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)